

PEST CONTROL BUSINESS RENEWAL APPLICATION

PR-PML-192 (REV. 9/03)

Page 1 of 3

DEPARTMENT OF PESTICIDE REGULATION
 PEST MANAGEMENT AND LICENSING BRANCH
 LICENSING AND CERTIFICATION PROGRAM
 1001 I STREET
 SACRAMENTO, CALIFORNIA 95814-2828
 (916) 445-4038
 FAX - (916) 445-4033
 Web site: <http://www.cdpr.ca.gov/>

Business Name: _____**Address:** _____**City, State, Zip:** _____**IMPORTANT – PLEASE READ****SUBMIT BY NOVEMBER 1 TO RECEIVE YOUR LICENSE PRIOR TO JANUARY 1****YOUR LICENSE WILL BE DELAYED IF ANY PART OF THE RENEWAL APPLICATION PACKET IS INCOMPLETE****THERE ARE SIX (6) SECTIONS IN THIS APPLICATION, PLUS THE ADDITIONAL RENEWAL INFORMATION REQUIREMENTS PAGE**

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, P.O. Box 2815, Sacramento, CA 95812-2815, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees.

☐ **CHECK IF CHANGE OF NAME, ADDRESS, BUSINESS ORGANIZATION, OR QUALIFIED APPLICATOR** Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the Director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. INDICATE CHANGES ON THIS FORM.

QUALIFIED APPLICATOR Each pest control business location (Main or Branch) must have and maintain a qualified applicator licensee with the appropriate pest control category(ies) to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified applicator licensee who is responsible for supervising the pest control operations at each location in the space provided below.

License Number**Address**

Provide the Qualified Person's Name, License Type, License Number, and the category(ies) (i.e., A, B, C) for which they are qualified. If you need additional space, attach a separate sheet of paper.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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DATA ENTRY

RC

PEST CONTROL BUSINESS RENEWAL APPLICATION

PR-PML-192 (REV. 9/03)

Page 2 of 3

WORKERS COMPENSATION If you have employees, you must provide the name of the Workers Compensation Insurance Carrier, policy number and policy expiration date.

NAME OF WORKERS COMP. INSURANCE CARRIER_____
POLICY NUMBER_____
EXPIRATION DATE**FINANCIAL RESPONSIBILITY REQUIREMENT** (check one):

- ☐ I declare, under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets, OR,
- ☐ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified on the financial responsibility requirements statement (see attachment for Financial Responsibility Options).

Submit a copy of documents certifying that you meet the financial responsibility requirements.

NAME OF INSURANCE CARRIER_____
POLICY NUMBER_____
EXPIRATION DATE

FEES Please see Page 3 (instructions) to determine fees based on location. Enclose a check/money order/credit card payment for the total amount due payable to : Cashier, Department of Pesticide Regulation. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.** Mail the payment, completed application form, and all required documents in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. BOX 4015, Sacramento, CA 95812-4015.

QUESTIONS? Your business name and license number will be posted to DPR's web site <http://www.cdpr.ca.gov/docs/license/currlic.htm> as soon as your application is approved. For other questions about your application, contact the Licensing and Certification program at the telephone number shown at the top of this application.

I declare under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

SIGNATURE_____
TITLE_____
DATE_____
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RC

PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS

PR-PML-192 (REV. 9/03)

Page 3 of 3

RENEWAL TIME LINE

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. If your application is incomplete, it will delay processing time anywhere from 2 to 4 weeks or more depending on the nature of the problem(s).

DATE RECEIVED BY LICENSING & CERTIFICATION	LICENSE OR CERTIFICATE MAILED BY:
Prior to or on September 30	November 15
Prior to or on October 31	December 16
Prior to or on November 29	January 17
Prior to or on December 31	February 18
Prior to or on January 31	March 14

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address** Section 6508, Title 3 of the California Code of Regulations (3CCR) requires all license/certificate holders to notify the Department of Pesticide Regulation (DPR) immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

If you had a change in ownership or partners or have incorporated, contact us since you are a new business.

- ☐ **Qualified Applicator License** Each pest control business location (Main or Branch) must have and maintain a qualified applicator licensee with the appropriate pest control category(ies) to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified applicator licensee who is responsible for supervising the pest control operations at each location on the space provided on the renewal form.
- ☐ **Worker Compensation Insurance** If you have employees, complete this information on the renewal form; otherwise indicate non-applicable (NA).
- ☐ **Financial Responsibility Requirement** This requirement must be met. Provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The Pest Control Business license will not be renewed without meeting this requirement.
- ☐ **Pay fee** for each pest control business license location (Main and Branch) as totaled on the renewal form. A late fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31**.

License Fees (2 Year)

Pest Control Business (Main)	\$320.00	Pest Control Business (Branch)	\$120.00
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- ☐ **Sign, Title and Date** the renewal application form.
- ☐ **Enclose** a check, money order or credit card payment for the total amount due. **All fees are non-transferable and non-refundable.** Make payable to: **Cashier, Department of Pesticide Regulation.**
- ☐ **Mail** the payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.